Specialist in tropical medicine

Personal certificate and recommandation

**Mrs./Miss/Mr.**

is a candidate for the title of a specialist in tropical medicine according to the regulations of the Swiss Medical Association SIWF.

In addition to the requirements of a basic training in Switzerland and of a specific final examination - as defined by the Swiss Society of Specialists in Tropical Medicine SIWF - her/his training abroad has to be evaluated and recommended for recognition at least once a year by the head (doctor in charge) of the clinic or institution where the candidate is working.

Note that the appreciation given in the form below has to be discussed with and signed also by the candidate.

**Periode of evaluation**

(from / to)

**Name of hospital /**

**service** (address, country)

**Doctor in charge**

**of the training** (speciality)

**I Activities of the candidate** (in % of total professional activities)

General / internal medicine    %

Surgery    %

Gynecology and obstetrics    %

Pediatrics    %

Laboratory work    %

Public health    %

Teaching    %

Other (specify)    %

**II Professional Qualifications**

Willing to learn

Knowledge and aptitude (in general)

Systematic and problem-orientated approach (to patients)

Attitude towards patients and their families

Adaption to the cultural context

Communication with patients

- with the assistance of a translator

- directly with a sufficient knowledge of the local language

Record keeping

Physical examination of patients

Rational and appropriate therapies with the available means

Management of emergencies

Specific knowledge of tropical/local pathology

Teaching skills

Particular merits

**III Professional Attitude**

Motivation

Efficiency

Independence

Disponibility

Tolerance

Reliability

**IV Relations**

With other professionals

With authorities

With superiors

With patients

**V Periods of Absence from Duty**

For holiday

For illness

Other (specify)

**VI Do you recommend to recognize this postgraduate training as part of a**

**specialization in tropical medicine?**

yes  partially  no

If the answer shoud be „partially“ or „no“ please specify!

Place and date Signature and stamp

           

**This certificate has been discussed with the candidate**

Place and date Signature of the candidate

Bern, 13. November 1995/dr

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